

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004691	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MASON POINT	STREET ADDRESS, CITY, STATE, ZIP CODE ONE MASONIC WAY SULLIVAN, IL 61951
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments	S 000		
S9999	<p>Final Observations</p> <p>Mason Point failed to follow their plan of correction for the survey of 3-26-15.</p> <p>Statement of licensure violations:</p> <p>300.1230k)</p> <p>Section 300.1230 Direct Care Staffing</p> <p>Effective September 12, 2012 a minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses.</p> <p>300.1230 k) Staffing This finding is not met as evidenced by the following:</p> <p>Based on record review and interview the facility failed to have 10% of nursing and personal care time provided by a Registered Nurse for 6 of the 14 days reviewed. This has the potential to affect all 101 residents residing in the facility.</p> <p>Findings include:</p> <p>The undated spread sheet provided by E2, Director of Nursing on 6-10-15 at 11:05am documents the period of time reviewed for staffing from 5-16-15 to 5-30-15. The spread sheet documents an average of 16.87 skilled residents and 84.33 intermediate residents for that time period which equals 275 hours of</p>	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004691	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MASON POINT	STREET ADDRESS, CITY, STATE, ZIP CODE ONE MASONIC WAY SULLIVAN, IL 61951
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>minimum direct care staff. The total hours of direct care calculated (275 hours) times 10% equals 27.5, the number of RN (Registered Nurse) hours requierd for a 24 hour period.</p> <p>The spread sheet documents the following hours actually worked per 24 hour period for RN's: 5-16-15 - 24 RN hours 5-17-15 - 24 RN hours 5-23-15 - 24 RN hours 5-24-15 - 24 RN hours 5-25-15 - 16 RN hours 5-30-15 - 24 RN hours</p> <p>On 6-10-15 at 12:35pm E2, Director of Nursing stated the RN hours listed on the spread sheet for each day are accurate.</p> <p>On the Facility Data Sheet dated 6-10-15 documents 101 residents currently reside in the facility.</p> <p style="text-align: center;">(C)</p>	S9999		